



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Hall		First Name Deatric		Middle Name Alan	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6823 Shore Island Drive				5. FAX (Optional)		6. E-mail Address (Optional) deatrichall@gmail.com	
7. City Indianapolis	State IN	ZIP Code 46220	8. County Marion	9. Telephone (Day) (619) 818-3967		10. Telephone (Evening)	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Washington Township School Board at Large			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name The Committee to elect Deatric Hall							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 6823 Shore Island Drive				15. FAX (Optional)		16. E-mail Address (Optional) deatrichall@gmail.com	
17. City Indianapolis	State IN	ZIP Code 46220	18. County Marion	19. Telephone (619) 818-3967		20. Committee Organization Date (MM-DD-YY) 08/25/16	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Deatric Alan Hall							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 6823 Shore Island Drive				23. FAX (Optional)		24. E-mail Address (Optional) deatrichall@gmail.com	
25. City Indianapolis	State IN	ZIP Code 46220	26. County Marion	27. Telephone (Day) (619) 818-3967		28. Telephone (Evening) (619) 818-3967	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee		Person Appointed Treasurer Deatric Hall		Signature of the Committee Chairperson <i>[Signature]</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Deatric Hall					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 6823 Shore Island Drive				35. FAX (Optional)	
36. E-mail Address (Optional) deatrichall@gmail.com					
37. City Indianapolis	State IN	ZIP Code 46220	38. County Marion	39. Telephone (Day) (619) 818-3967	
				40. Telephone (Evening) (619) 818-3967	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>[Signature]</i>
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Deatric Hall	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) 08/25/16
43. Typed or Printed Name of Candidate Deatric Hall	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) 08/25/16

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myra A. Eldridge

AUG 25 2016

FILED